

# Michigan Distance Education Provider Licensing User Guide

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## 1.0 Overview

The goal of this application is to provide the Michigan Post-Secondary School Training Provider the ability to apply for a new license or renew an existing license. The Training Provider will access the application through the Pure Michigan Talent Connect (PMTTC) page.

<https://jobs.mitalent.org/MITC/Admin/License/Apply>

## 2.0 Apply for A New Distance Education License/Create Account

### 2.1 New License Application

The below questions will be displayed on the page. To apply for a distance education license, answer 'No' and then 'Yes to the next three questions and click on the [Apply to Be an In-State Distance Education Provider](#) button.

The screenshot shows the 'NEW APPLICATION QUESTIONNAIRE' page on the Pure Michigan Talent Connect website. The header includes the 'PURE MICHIGAN Talent Connect' logo, navigation links for Newsletters, Career Events, About Us, and Contact Us, a language selector, and buttons for SIGN IN and CREATE ACCOUNT. A search bar is also present. Below the header is a navigation bar with links for HOME, JOB SEEKER, EMPLOYER, CAREER EXPLORATION, VETERAN, and SKILLED TRADES. The main content area is titled 'NEW APPLICATION QUESTIONNAIRE' and contains a section titled 'Please answer below questions.' with four questions and radio button options for Yes and No. The questions are: 'Is your school a College, University or Proprietary School licensed to offer occupational training in Michigan or are you a Registered Apprenticeship Sponsor?' (No selected), 'Does your institution offer degree granting programs?' (Yes selected), 'Are you applying for your institution to be approved as a Distance Education Provider?' (Yes selected), and 'Is your institution based in Michigan?' (Yes selected). At the bottom of the questionnaire is a blue button labeled 'APPLY TO BE AN IN-STATE DISTANCE EDUCATION PROVIDER'.

PURE MICHIGAN  
Talent Connect

Newsletters | Career Events | About Us | Contact Us | Select Language

SIGN IN CREATE ACCOUNT

SEARCH

HOME JOB SEEKER EMPLOYER CAREER EXPLORATION VETERAN SKILLED TRADES

### NEW APPLICATION QUESTIONNAIRE

Please answer below questions.

Is your school a College, University or Proprietary School licensed to offer occupational training in Michigan or are you a Registered Apprenticeship Sponsor? ☐ Yes ☒ No


Does your institution offer degree granting programs? ☒ Yes ☐ No

Are you applying for your institution to be approved as a Distance Education Provider? ☒ Yes ☐ No

Is your institution based in Michigan? ☒ Yes ☐ No

APPLY TO BE AN IN-STATE DISTANCE EDUCATION PROVIDER

If you answer 'No' to the following question, "Is your institution based in Michigan" you will then proceed to click on the [Apply to Be an Out-Of-State Distance Education Provider](#) button.



[Newsletters](#) | [Career Events](#) | [About Us](#) | [Contact Us](#) | [Select Language](#)

SIGN IN

CREATE ACCOUNT

SEARCH

HOME

JOB SEEKER

EMPLOYER

CAREER EXPLORATION

VETERAN

SKILLED TRADES

## NEW APPLICATION QUESTIONNAIRE

Please answer below questions.

Is your school a College, University or Proprietary School licensed to offer occupational training in Michigan or are you a Registered Apprenticeship Sponsor?

☐ Yes ☒ No

Does your institution offer degree granting programs?

☒ Yes ☐ No

Are you applying for your institution to be approved as a Distance Education Provider?


☒ Yes ☐ No


Is your institution based in Michigan?


☐ Yes ☒ No


APPLY TO BE AN OUT-OF-STATE DISTANCE EDUCATION PROVIDER


You will see the new license application form displayed on the next page.


\* School/Institution Name :  Required


\* School/Institution Accrediting Agency Name :  Required


\* Institution OPEID Number :  Required


\* Institution FTE (latest IPEDS) :  Required


\* Federal financial responsibility composite score (FFRCS) :  Required


\* Year Reporting (most recent published) :  Required


\* Website :  Enter Website with http:// or https://


\* Physical Address 1 :  Required

Physical Address 2 :  Optional


\* Physical City :  Required


\* Physical County :  --Select One--


\* Physical State :  --Select One--


\* Physical Zip Code :  Zip - Ext


Mailing Address is same as Physical Address ☐


\* Mailing Address 1 :  Required


Mailing Address 2 :  Optional


\* Mailing City :  Required


\* Mailing County :  --Select One--


\* Mailing State :  --Select One--


\* Mailing Zip Code :  Zip - Ext

\* Principal Contact Name :  First Name Last Name


\* Principal Contact Title :  Required


\* Principal Contact Email :  Required


\* Password :  Required


\* Confirm Password :  Required


Principal Contact Address is same as Physical Address ☐


\* Principal Contact Address 1 :  Required


Principal Contact Address 2 :  Optional


\* Principal Contact City :  Required


\* Principal Contact County :  --Select One--


\* Principal Contact State :  --Select One--


\* Principal Contact Zip Code :  Zip - Ext

Principal Contact Phone Number :  Optional


Principal Contact Fax Number :  Optional


\* Secondary Contact Name:  First Name Last Name


\* Secondary Contact Title:  Required


\* Secondary Contact Email:  Required


Secondary Contact Address is same as Physical Address ☐


\* Secondary Contact Address 1:  Required


Secondary Contact Address 2:  Optional


\* Secondary Contact City:  Required

\* Secondary Contact County:  --Select One--

\* Secondary Contact State:  --Select One--

\* Secondary Contact ZipCode:  Zip - Ext

Secondary Contact Phone Number:  Optional

Secondary Contact Fax Number:  Optional


**Authorized In-State Institutional Participation in State Authorization Reciprocity Agreements (SARA) Fee (\$4,000):**

Application Fee = \$2,000


Annual Authorization Fee = \$2,000


Fees are authorized under 2015 PA 45, as amended and are not refundable.

☒ In-State (\$4,000)

\* Proof of authorization to operate in this state :   No file chosen

\* Proof of accreditation as a U.S. degree granting institution :   No file chosen

Proof of the non-public institution's most recently published federal financial responsibility score (FFCRS) from the U.S. Department of Education that demonstrates financial stability sufficient to justify institutional participation in SARA ( \* not required for public institutions ) :   No file chosen

Additional Notes / Comments : 

**INSTITUTIONAL AFFIRMATION :** A Michigan institution seeking approval to operate under the terms and standards of SARA must meet the following requirements. On behalf of my educational institution, I hereby attest to the following (you must check "YES" to all to be approved) :

- ☐ \* In a SARA member state, the main campus or central administrative unit is domiciled in a state, territory or district that has joined the State Authorization Reciprocity Agreement (SARA) initiative and is authorized to operate in that state. Only distance education content originating in the United States, a U.S. territory, or district and provided from within a SARA state is eligible to be offered under SARA.
- ☐ \* The institution is a U.S. degree granting institution that is accredited by an accrediting body recognized by the U.S. Secretary of Education and whose scope of authority, as specified by the Department, includes distance education.
- ☐ \* The institution agrees to notify its home state's SARA Portal Entity of any negative changes to its accreditation status.
- ☐ \* For non-public institutions, the institution's most recent federal financial responsibility composite score from the U.S. Department of Education is 1.5 or above, or, if the score is between 1.0 and 1.49, the State Portal Entity can affirm that documentation has been provided to demonstrate financial stability sufficient to justify institutional participation in SARA. If an institution is owned by a "corporate parent", the federal financial responsibility score composite score of its "parent" must meet these requirements.
- ☐ \* The institution agrees to abide by the [Interregional Guidelines for the Evaluation of Distance Education](#).
- ☐ \* The institution agrees to be responsible for the actions of any third-party providers used by the institution to engage in operations under SARA.
- ☐ \* The institution agrees to work with its Home State's SARA Portal Entity to resolve any complaints arising in SARA states, and to abide by the decisions of the entity regarding resolution of such complaints.
- ☐ \* The institution agrees to apply to its Home State's Portal Entity. The application will be submitted with the signature of the institution's chief executive officer or chief academic officer.
- ☐ \* The institution agrees to provide notifications to students related to professional licensure. Any institution approved to participate in SARA that offers courses or programs designed to lead to professional Licensure or certification or advertised as leading to Licensure must satisfy all federal requirements for disclosures regarding such Professional Licensure programs under 34§C.F.R. 668.43. For SARA purposes, these requirements will also apply to non - Title IV institutions. For SARA purposes, institutions that are unable, after all reasonable efforts, to determine whether a program will meet state professional licensure requirements shall provide the student or applicant with current contact information for any applicable licensing boards and advise the student or applicant to determine whether the program meets requirements for Licensure in the State where the student is located. An email dedicated solely to this purpose and sent to the student's best known email address meets this requirement. The institution should use other additional means to notify the student, if needed.
- ☐ \* The institution agrees that in cases where the institution cannot fully deliver the instruction for which a student has contracted, to provide a reasonable alternative for delivering the instruction or reasonable financial compensation for the education the student did not receive. This may include tuition assurance funds, surety bonds, irrevocable letter of credit, assistance with transfer, teach-out provisions or other practices deemed sufficient to protect consumers.
- ☐ \* The institution agrees that it has well-documented policies and practices for addressing catastrophic events. The institution agrees to provide the catastrophic event policy and disaster recovery procedures to the State Portal Entity, if/when requested. Impacted students will receive the services for which they have paid or reasonable financial compensation for those not received. This may include tuition assurance funds, surety bonds, irrevocable letter of credit, assistance with transfer, teach-out provisions, or other practices deemed sufficient to protect consumers. The institution agrees that it and/or its home state has adequate measures to protect student records in the event of closure.

Please accept all Institutional Affirmations which are required for the application to be processed for approval.

You will also need to remember the Principal Contact Email and Password entered on the application as this will be your credentials for logging into the Michigan Post-Secondary School (MiPSS) system upon activating your account.

The form is titled "Principal Contact Information" and contains the following fields:

- \* Principal Contact Name :** First Name (text input), Last Name (text input)
- \* Principal Contact Title :** Required (text input)
- \* Principal Contact Email :** Required (text input) - highlighted with a red box
- \* Password :** Required (text input) - highlighted with a red box
- \* Confirm Password :** Required (text input) - highlighted with a red box
- Principal Contact Address is same as Physical Address :** ☐
- \* Principal Contact Address 1 :** Required (text input)
- Principal Contact Address 2 :** Optional (text input)
- \* Principal Contact City :** Required (text input)
- \* Principal Contact County :** --Select One-- (dropdown menu)
- \* Principal Contact State :** --Select One-- (dropdown menu)
- \* Principal Contact Zip Code :** Zip (text input), - (text input), Ext (text input)
- Principal Contact Phone Number :** Optional (text input)
- Principal Contact Fax Number :** Optional (text input)

You can click on [Save and Continue](#) button after entering required information.

practices deemed sufficient to protect consumers.

- ☐ \* The institution agrees that it has well-documented policies and practices for addressing catastrophic events. The institution agrees to provide the catastrophic event policy and disaster recovery procedures to the State Portal Entity, if/when requested. Impacted students will receive the services for which they have paid or reasonable financial compensation for those not received. This may include tuition assurance funds, surety bonds, irrevocable letter of credit, assistance with transfer, teach-out provisions, or other practices deemed sufficient to protect consumers. The institution agrees that it and/or its home state has adequate measures to protect student records in the event of closure.
- ☐ \* The institution agrees to abide by conditions of provisional approval, if necessary.
- ☐ \* The institution agrees to pay to its Home State any State fees for SARA participation required by the Home State for administering SARA.
- ☐ \* The institution agrees to pay its annual SARA participation fee to the National Council for State Authorization Reciprocity Agreements(NC - SARA).
- ☒ \* The institution agrees to provide data necessary to monitor SARA activities, including annual reporting of distance education enrollments and out-of-state learning placements by state, in accordance with the NCSARA Data Sharing Agreement and relevant reporting handbooks.
- ☐ \* The institution agrees to operate in accordance with and subject itself to the provisions of 2015 PA 45.
- ☐ \* I, the undersigned representative of the above institution, having the authority to commit the institution to operate under the SARA interstate agreement, hereby certify that this institution meets all of the standards and requirements stated herein required for operation under the SARA agreement and 2015 PA 45.
- ☐ \* I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

06/09/2022

SignatureSignature Date

[SAVE AND CONTINUE](#) [CANCEL](#)

Click on [OK](#) button


**test-jobs.mitalent.org says**

Please make sure the data you have entered is appropriate and verified before you continue. Click OK to continue or Cancel to view the data you entered. Thank You!

[OK](#) [Cancel](#)

## 2.2 Payment

The Payment page is displayed. Review information and click on [Complete Payment](#) button.



[Newsletters](#) | [Career Events](#) | [About Us](#) | [Contact Us](#) | [Select Language](#)

SIGN IN

CREATE ACCOUNT

SEARCH

HOME

JOB SEEKER

EMPLOYER

CAREER EXPLORATION

VETERAN

SKILLED TRADES



## MAKE PAYMENT

**PAYMENT :** Complete license fee payment and submit license application for approval.

School Name :	Distance Education
School Location :	Grand Rapids, MI
License Type :	Authorized In-State Distance Ed.
License Number :	8611100012
License Fee :	<b>\$4,000.00</b>
Payment Status :	Pending

COMPLETE PAYMENT

You will be directed to our payment website for payment method. Click on the [Next](#) button to continue The [Back](#) or [Exit](#) button will take you back to the previous page.



### Payment Method

#### LEO Postsecondary Payment Request




Paying on-line is quick, easy, secure, and is available to you 24 hours a day, 7 days a week. This secure website allows you to pay using a MasterCard, Visa, or Discover credit/debit card. Please allow 3-10 business days for your payment to be recorded as paid.

This on-line service is a payment site only and will not display payment history. If you have questions regarding your payment history, please email [LEO-PSS@michigan.gov](mailto:LEO-PSS@michigan.gov).

\* Indicates required field

Choose method of payment

☒ Pay by credit card



Back

Next

Exit

[FOIA](#)  
[Michigan.gov Home](#) [ADA](#)

[Michigan News](#) [Policies](#)

The Payment Information page will be displayed.



**Payment Information**

**LEO Postsecondary Payment Request**

To continue the payment process, click the "Next" button in the box below.

If you entered a valid email address, the confirmation email will be received from [noreply@fiserv.com](mailto:noreply@fiserv.com)

\* Indicates required field

Billing Address	
<input type="checkbox"/> Use Business Name	
*First Name:	<input type="text"/>
M.I.:	<input type="text"/>
*Last Name:	<input type="text"/>
*Street Line 1:	<input type="text"/>
Street Line 2:	<input type="text"/>
*City:	<input type="text"/>
*State:	Select State <input type="button" value="v"/>
*Zip:	<input type="text"/>
*Country:	UNITED STATES <input type="button" value="v"/>
*Phone:	<input type="text"/>
*E-Mail:	<input type="text"/>
Payment Details	
*Payment Amount: 1505.00 USD	
Payment Method	
*Name on Card:	<input type="text"/>
*Card Number:	<input type="text"/>
*Expiration Date:	* Month <input type="button" value="v"/> * Year <input type="button" value="v"/>
*Card Verification Value(CVV2):	<input type="text"/> <a href="#">What's This?</a>
<input type="button" value="Back"/> <input type="button" value="Next"/> <input type="button" value="Exit"/>	


Enter the required payment information and click on the [Next](#) button. The [Back](#) button will take you back to the Payment Method page. The [Exit](#) button will take you to the Make Payment page.


The Payment Review page will be displayed. Click on the [Pay Now](#) button to submit your payment. The [Back](#) button will take you back to the Payment Information page. The [Exit](#) button will take you to the Make Payment page.

Payment Review	
LEO Postsecondary Payment Request	
To confirm your payment information, click on "Pay Now" in the box below.	
Address	
Billing Address: Distance Education 201 N. Washington Lansing, MI 48284 (517) 262-1600 <a href="mailto:disted@michigan.gov">disted@michigan.gov</a>	
Payment Method	
Credit Card <a href="#">VISA</a> LEO x0026 05/25	
Payment Amount	
Amount: 4000.00 USD Total: 4000.00 USD	
<input type="button" value="Back"/> <input type="button" value="Pay Now"/> <input type="button" value="Exit"/>	

### 2.2.1 Successful Payment


If Payment is successful, the below message and page will be displayed. An email notification will be sent to the primary email address that was entered on the application informing you of your successful submission of the application. In addition, an email will be sent to the email address entered on the payment information page notifying you of payment confirmation.



[Newsletters](#) | [Career Events](#) | [About Us](#) | [Contact Us](#) |  [Select Language](#) ▼

SIGN IN ▼

CREATE ACCOUNT ▼

SEARCH 

[HOME](#) | [JOB SEEKER](#) ▼ | [EMPLOYER](#) ▼ | [CAREER EXPLORATION](#) ▼ | [VETERAN](#) ▼ | [SKILLED TRADES](#) ▼

**Congratulations in successfully completing your application!** Please allow 10 business days for our team to review your application. You will receive an email notice announcing a) your application has been approved, along with where to access and print your new distance education authorization, or b) additional information or documentation is required in order for us to grant approval. Should you have any immediate questions, please contact us at [pss@michigan.gov](mailto:pss@michigan.gov).

School Name :	Distance Education
School Location :	Grand Rapids, MI
License Type :	Authorized In-State Distance Ed.
License Number :	8611100012
License Fee :	<b>\$4,000.00</b>
Payment Status :	Success
Paid Amount :	<b>\$4,000.00</b>
Payment Card Type :	VISA
Confirmation Number :	22060916603034
Authorization Code :	651286
Transaction Information :	NA
Payment Date :	6/9/2022

RETURN TO HOME

### 2.2.2 Unsuccessful Payment

If payment is unsuccessful, the Payment Status will be Pending with a corresponding message with the steps that need to be taken to resolve the payment. In the below scenario, you would need to try the payment again due to an address verification issue. You would click on the [Complete Payment](#) button and try again.

## MAKE PAYMENT

Payment not complete. Try again.

**PAYMENT :** Complete license fee payment and submit license application for approval.

School Name :	Test school 19
School Location :	Lansing, MI
License Type :	In-State Accredited Proprietary School
License Number :	8601000159
License Fee :	<b>\$1,505.00</b>
Late Fee :	NA
Total Amount Payable :	<b>\$1,505.00</b>
Payment Status :	Pending
Payment Response :	"Address verification failed."

**COMPLETE PAYMENT**

## 2.3 Account Activation/License Approval

### 2.3.1 Account Activation

Once you have submitted the application for your school license, you will receive an email to activate your account. Check your inbox for the email address that you entered on the application. Click on the link in the body of the email to activate your account. You will be directed to the Training Provider sign in page and the account verification message will be displayed.

**PURE MICHIGAN**  
Talent Connect

Newsletters | Career Events | About Us | Contact Us | Select Language ▼

**SIGN IN** ▼ **CREATE ACCOUNT** ▼

SEARCH

HOME | JOB SEEKER ▼ | EMPLOYER ▼ | CAREER EXPLORATION ▼ | VETERAN ▼ | SKILLED TRADES ▼

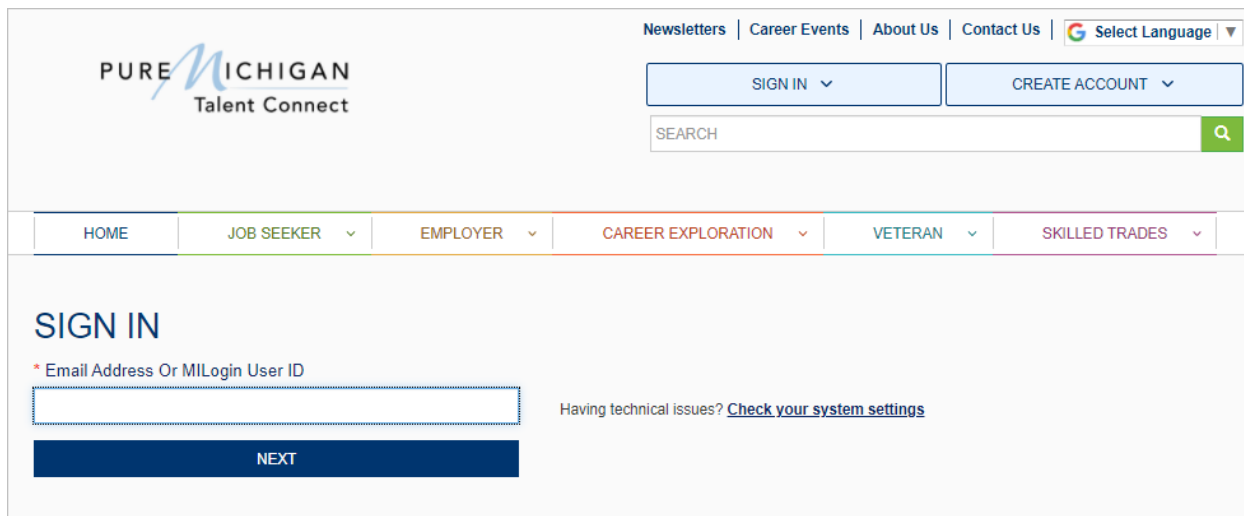
### ACCOUNT VERIFICATION

Thank you for registering for a Pure Michigan Talent Connect Training Provider Account. You have just verified your account e-mail address. You will not have access to all features until PMTC staff complete the account validation process that can take up to 5 days. Once the account is validated you will receive a confirmation e-mail.

Stay Connected with Us...

You will be able to sign in to the MiPSS system with your credentials upon activating your account, but you will have limited access to the system until your license has been approved. Upon activation, you can access your account and edit your license information.

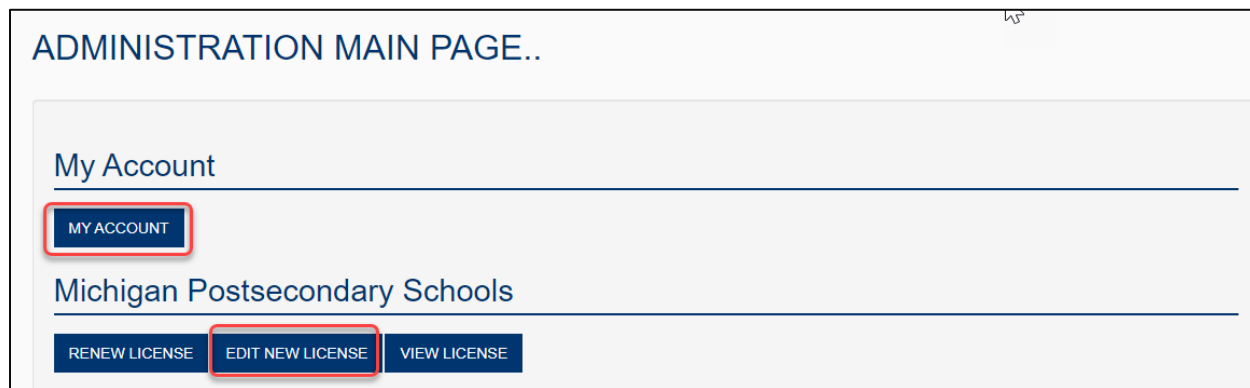
To log in to your account, please use the following URL and enter the primary email address and password that you entered on your application. <https://www.mitalent.org/signin>



The screenshot shows the 'PURE MICHIGAN Talent Connect' website. At the top, there are links for 'Newsletters', 'Career Events', 'About Us', and 'Contact Us', along with a 'Select Language' dropdown. Below these are 'SIGN IN' and 'CREATE ACCOUNT' buttons, and a search bar. A navigation bar contains links for 'HOME', 'JOB SEEKER', 'EMPLOYER', 'CAREER EXPLORATION', 'VETERAN', and 'SKILLED TRADES'. The main section is titled 'SIGN IN' and features a text input field labeled '\* Email Address Or MILogin User ID'. To the right of the field is a link: 'Having technical issues? [Check your system settings](#)'. Below the input field is a blue 'NEXT' button.

1. Type in the email address and click 'Next'.
2. Enter your password and click 'Sign In'. This will send you to the Administration Main Page.

Note: If you have forgotten your password, please use the 'Forgot Password?' link to update it.



The screenshot shows the 'ADMINISTRATION MAIN PAGE..'. Under the heading 'My Account', there is a button labeled 'MY ACCOUNT' which is highlighted with a red box. Below this is the heading 'Michigan Postsecondary Schools'. Under this heading, there are three buttons: 'RENEW LICENSE', 'EDIT NEW LICENSE' (highlighted with a red box), and 'VIEW LICENSE'.

### 2.3.2 License Approval

Upon submitting your school license application, the PSS staff will validate your license for approval.

#### Request Additional Information

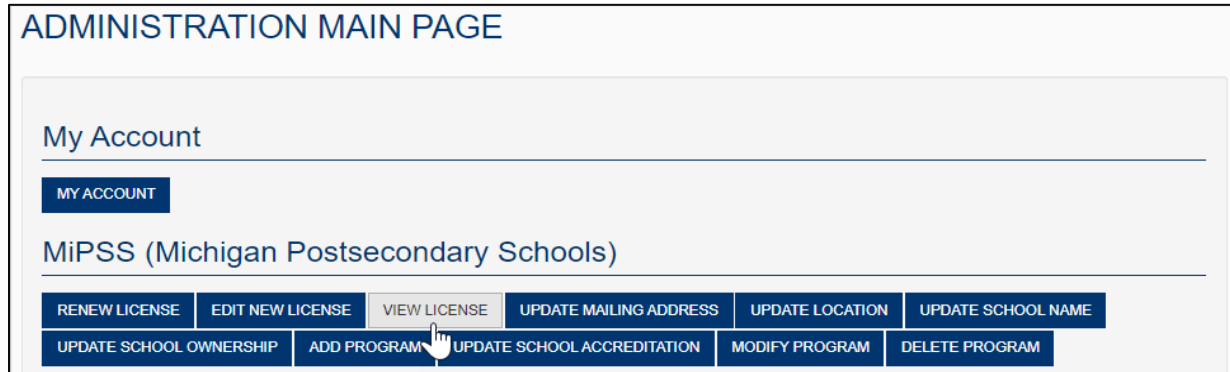
If more information is needed prior to approving your license, you will receive an email sent to your primary contact email address stating what additional information is needed prior to your license being approved.

You will need to sign into your account and click on the [Edit New License](#) button. You will see your license listed on the page. Click on the School Name to edit your license.



### 2.3.3 View/Print License

You will be able to sign into your account and click on the [View License](#) button to view and download your license. The License includes Approved Program Titles, Clock Hours, and Credit Hours.



ADMINISTRATION MAIN PAGE

My Account

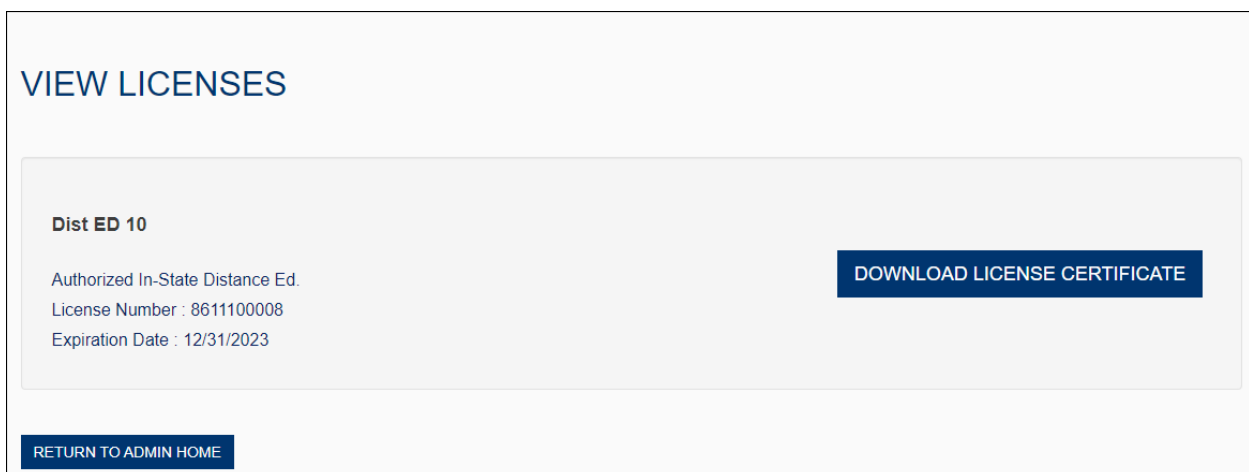
MY ACCOUNT

MiPSS (Michigan Postsecondary Schools)

RENEW LICENSE EDIT NEW LICENSE VIEW LICENSE UPDATE MAILING ADDRESS UPDATE LOCATION UPDATE SCHOOL NAME

UPDATE SCHOOL OWNERSHIP ADD PROGRAM UPDATE SCHOOL ACCREDITATION MODIFY PROGRAM DELETE PROGRAM

The View License page is displayed. Click on the [Download License Certificate](#) button to view/print your school license.



VIEW LICENSES

Dist ED 10

Authorized In-State Distance Ed.  
License Number : 8611100008  
Expiration Date : 12/31/2023

DOWNLOAD LICENSE CERTIFICATE

RETURN TO ADMIN HOME

You will also have access to the [Renew License](#) feature on the menu. See the Renew License section of the user guide for instructions on renewing your license.

If you answered 'Yes' to the question regarding being part of Michigan Training Connect (MiTC), you will see an additional section when you sign into your account that is for MiTC access.

## ADMINISTRATION MAIN PAGE

---

### My Account

---

**MY ACCOUNT**

### MiPSS (Michigan Postsecondary Schools)

---

RENEW LICENSE	EDIT NEW LICENSE	VIEW LICENSE	UPDATE MAILING ADDRESS	UPDATE LOCATION	UPDATE SCHOOL NAME
UPDATE SCHOOL OWNERSHIP	ADD PROGRAM	UPDATE SCHOOL ACCREDITATION	MODIFY PROGRAM	DELETE PROGRAM	

### MiTC

---

ADD SCHOOL	UPDATE SCHOOL	MODIFY/DELETE PROGRAMS	QUALITY ASSURANCE REVIEW	DEFINITIONS	EXPIRED PROGRAMS
UPLOAD WAGE DATA	UPDATE PROVIDER	ADD NEW PROGRAM	MODIFY PROGRAMS	ADD INDIVIDUAL STUDENT EXITS	
BULK UPLOAD STUDENT EXITS	REVIEW PROGRAMS - MWA APPROVERS ONLY	VALIDATE NEW PROVIDER	EDIT NEW PROVIDER		

### Communication

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PROVIDER USER GUIDE	REGISTERED APPRENTICESHIP SPONSOR USER GUIDE
---------------------	--

### 3.0 Renew License

#### 3.1 Renew Application

To renew your license, you will need to access the application through the Pure Michigan Talent Connect (PMTCT) Sign In page.

<https://www.mitalent.org/signin>



[Newsletters](#) | [Career Events](#) | [About Us](#) | [Contact Us](#) | [Select Language](#)

SIGN IN

CREATE ACCOUNT

HOME

JOB SEEKER

EMPLOYER

CAREER EXPLORATION

VETERAN

SKILLED TRADES

## SIGN IN

\* Email Address Or MiLogin User ID

Having technical issues? [Check your system settings](#)

NEXT

1. Type in the email address and click 'Next'.
2. Enter your password and click 'Sign In'. This will send you to the Administration Main Page.

Note: If you have forgotten your password, please use the 'Forgot Password?' link to update it.

Click on the [Renew License](#) button. Your license will be listed on the page 90 days prior to the license expiration date.

Newsletters

Career Events

About Us

Contact Us

PURE MICHIGAN

Talent Connect

SIGN OUT

HELLO POSTSECONDARY SCHOOL

SEARCH

HOME

JOB SEEKER

EMPLOYER

CAREER EXPLORATION

VETERAN

SKILLED TRADES

ADMINISTRATION MAIN PAGE

My Account

MY ACCOUNT

MiPSS (Michigan Postsecondary Schools)

RENEW LICENSE

EDIT NEW LICENSE

VIEW LICENSE

UPDATE MAILING ADDRESS

UPDATE LOCATION

UPDATE SCHOOL NAME

UPDATE SCHOOL OWNERSHIP

ADD PROGRAM

UPDATE SCHOOL ACCREDITATION

MODIFY PROGRAM

DELETE PROGRAM

If your license is within the renewal window, click on the School Name to edit your license. Select the renewal fee. Accept the Institutional Affirmations and click on the [Renew License](#) button.

ANNUAL RENEWAL FEE: Pursuant to the Higher Education Authorization and Distance Education Reciprocal Exchange Act, Act 45 of 2015, MCL 390.1694, annual renewal fees are established for a college or university that is located outside of this state and is not a party to a reciprocal agreement to provide distance education to residents of this state. **Annual renewal fees are due by December 1 of each year.**

Out-of-State (\$5,000)

Additional Notes / Comments : ?

Optional

INSTITUTIONAL AFFIRMATION : A public or private college or university that is located outside of this state that is not a party to a reciprocal agreement to provide distance education to residents of Michigan must meet the following requirements to obtain authorization to provide distance education to residents of Michigan under the terms and standards 2015 PA 45. On behalf of my educational institution, I hereby attest to the following (You must check "YES" to all to be approved) :

\* I, the undersigned representative of the above institution, having the authority to commit the institution to operate under the provisions of 2015 PA 45 agreement, hereby certify that this institution meets all of the standards and requirements stated herein required for operation under the agreement.

\* I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

Print your Name

Signature

06/09/2022

Signature Date

RENEW LICENSE

CANCEL

Version 1.0 June 2022

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The below popup window is displayed. Click on the [OK](#) button to continue.

**test-jobs.mitalent.org says**

Please make sure the data you have entered is appropriate and verified before you continue. Click OK to continue or Cancel to view the data you entered. Thank You!

OKCancel

### 3.2 Payment

The Payment page is displayed. Review information and click on [Complete Payment](#) button.

#### MAKE PAYMENT

**PAYMENT :** Complete license fee payment and submit license application for approval.

School Name :	California Intercontinental University
School Location :	Irvine, CA
License Type :	Authorized Out-of-State Distance Ed.
License Number :	8612000017
License Fee :	<b>\$5,000.00</b>
Payment Status :	Pending

[COMPLETE PAYMENT](#)

You will be directed to our payment website for payment method. Select your method of payment and click on the [Next](#) button to continue. The [Back](#) or [Exit](#) button will take you back to the previous page.

**LEO** Department of Labor and Economic Opportunity

Michigan.gov

#### Payment Method

##### LEO Postsecondary Renewals Payment Request

Paying on-line is quick, easy, secure, and is available to you 24 hours a day, 7 days a week. This secure website allows you to pay using an electronic check or a MasterCard, Visa, or Discover credit/debit card. Please allow 3-10 business days for your payment to be recorded as paid.

This on-line service is a payment site only and will not display payment history. If you have questions regarding your payment history, please email [LEO-PSS@michigan.gov](mailto:LEO-PSS@michigan.gov).

\* Indicates required field

Choose method of payment

☐ Pay by electronic check

\* Account Type: 

Personal

☐ Pay by credit card

VISA

DISCOVER

Back

Next

Exit

**Important Information Regarding Debit Blocks**

Some financial institutions offer a service referred to as "Debit Blocking" or "Debit Filtering" to their business account owners to prevent unauthorized debits (withdrawals) posting to their accounts. If an account has a debit block or filter, any unauthorized debit transaction will be returned unpaid. Most financial institutions offer the option of authorizing certain debits by providing specific information about the transactions to be authorized.


If you have a Debit Block or Filtering service on your account you must access your Debit Block or Filtering settings or contact your financial institution and have the ACH transactions identified with the Company ID **9044030366** authorized to debit your account. Failure to make these arrangements will result in your payment being returned unpaid.

**International ACH Transactions (IAT)**

Payments processed through this website are intended only for domestic ACH payments not associated with a foreign bank account, which would classify it as an International ACH Transaction (IAT). If your domestic bank account is funded or otherwise associated with a foreign bank account you must pay via an alternate payment

The Payment Information page will be displayed.

**LEO** Department of Labor and  
Economic Opportunity



**Payment Information**

**LEO Postsecondary Payment Request**

To continue the payment process, click the "Next" button in the box below.

If you entered a valid email address, the confirmation email will be received from [noreply@fiserv.com](mailto:noreply@fiserv.com)

\* Indicates required field

**Billing Address**

☐ Use Business Name

\*First Name:

M.I.:

\*Last Name:

\*Street Line 1:

Street Line 2:

\*City:

\*State:

Select State

\*Zip:

\*Country:

UNITED STATES

\*Phone:

\*E-Mail:

**Payment Details**

\*Payment Amount: 1505.00 USD

**Payment Method**

\*Name on Card:

\*Card Number:

\*Expiration Date:

\* Month

\* Year

\*Card Verification Value(CVV2):

[What's This?](#)

Back

Next

Exit

Enter the required payment information and click on the [Next](#) button. The [Back](#) button will take you back to the Payment Method page. The [Exit](#) button will take you to the Make Payment page.

The Payment Review page will be displayed. Click on the [Pay Now](#) button to submit your payment. The [Back](#) button will take you back to the Payment Information page. The [Exit](#) button will take you to the Make Payment page.

**Payment Review**

**LEO Postsecondary Payment Request**

To confirm your payment information, click on "Pay Now" in the box below.

**Address**

Billing Address:  
Distance Education  
201 N. Washington  
Lansing, MI 48204  
(517) 262-1600  
[disted@michigan.gov](mailto:disted@michigan.gov)

**Payment Method**

Credit Card   
LEO  
x0026 05/25

**Payment Amount**

Amount: 4000.00 USD  
Total: 4000.00 USD

Back

Pay Now

Exit

### 3.2.1 Successful Payment

If Payment is successful, the below message and page will be displayed. An email notification will be sent to the primary email address that was entered on the application informing you of your successful submission of the application. In addition, an email will be sent to the email address entered on the payment information page notifying you of payment confirmation.

Congratulations in successfully completing your application! Please allow 10 business days for our team to review your application. You will receive an email notice announcing a) your application has been approved, along with where to access and print your new distance education authorization, or b) additional information or documentation is required in order for us to grant approval. Should you have any immediate questions, please contact us at [pss@michigan.gov](mailto:pss@michigan.gov).

School Name :	California Intercontinental University
School Location :	Irvine, CA
License Type :	Authorized Out-of-State Distance Ed.
License Number :	8612000017
License Fee :	<b>\$5,000.00</b>
Payment Status :	Success
Paid Amount :	<b>\$5,000.00</b>
Payment Card Type :	VISA
Confirmation Number :	22060916604471
Authorization Code :	218999
Transaction Information :	NA
Payment Date :	6/9/2022

[RETURN TO RENEWALS](#)

### 3.2.2 Unsuccessful Payment

If payment is unsuccessful, the Payment Status will be Pending with a corresponding message with the steps that need to be taken to resolve the payment. In the below scenario, you would need to try the payment again due to an address verification issue. You would click on the [Complete Payment](#) button and try again.

## MAKE PAYMENT

Payment not complete. Try again.

**PAYMENT :** Complete license fee payment and submit license application for approval.

School Name :	Test school 19
School Location :	Lansing, MI
License Type :	In-State Accredited Proprietary School
License Number :	8601000159
License Fee :	<b>\$1,505.00</b>
Late Fee :	NA
Total Amount Payable :	<b>\$1,505.00</b>
Payment Status :	Pending
Payment Response :	"Address verification failed."

COMPLETE PAYMENT

### 3.2.3 Renewal Approval

Upon submitting your license renewal, the PSS staff will validate your renewal license for approval.

***See approval process for New License as Renewal Approval follows the same process.***

If additional information is required by the PSS staff, you will click on the [Renew License](#) button to submit additional information.